2016:04:10:0m:00067NN0

FEC FORM 3X

Office

Use

Only

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

RECEIVED EC MAIL CENTER

2016 APR 18 AMILI is 28 mly

FEC FORM 3X

Rev. 12/2004

١.	NAME C	OF TEE (in full)	TYPE O	R PRINT ▼		mple: If typer the lines.		12FE	E4M5		
μ,	611161	ing Ame	والمرازا	cial Ne	ivieiri is	1 +1018	SIII			1.1	
					<u> </u>		<u> </u>		<u> </u>		1_1_1_1
. DI	DESS /-	weeker and atract)	11131	0101 151	18161 M	اأاواس	, '0'L'	, 4 , 9, 1	1		1 1 1 1
√	DUESS (II	umber and street)	1			1 1 1					
··. ·	thar	n previously	ال		 			ا م دا	1, 0, 0		17720
	repo	orted. (ACC)	1010	3. IS THIS REPORT X (N) OR (A) (b) Monthly Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11 (Non-Election Year Only) Due On: Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12 (Non-Election Year Only) Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) (c) 12-Day Primary (12P) General (12G) Runoff (12R)							
2.	FEC ID	ENTIFICATION N	UMBER	▼	CITY A			STATE A		ZIP COI	DE ▲
	Co	05865				X		1 (1) 1-13			
4.			F	Report	Feb 20 (M2)	5 · 5	May 20 (M	5)	Aug 20 (M8)	5.5 5	(Non-Election
	(a) Qua	arterly Reports:			Mar 20 (M3)		Jun 20 (M6))	Sep 20 (M9)		(Non-Election
	(.V -	April 15			Apr 20 (M4)	1111	Jul 20 (M7		Oct 20 (M10)		Jan 31 (YE)
	 Ngan		Q1) (c	•		Primary (1	2P)	Ge	neral (12G)		Runoff (12R)
	1(D) 1 = 5	Quarterly Report (0	Q2)			Convention	1 (12C)	Spo	ecial (12S)		
		Quarterly Report (0	23)			M ==:	/ ¹ o o ≅ /	· · · · · · · · · · · · · · · · · · ·	⊽ =(3- y -3-	in the	,* ** <u>.</u>
			YE)		Election on	install in	1, 1 = 1, 1 = 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	,5.	-,:;;		f <u>:</u> .
		July 31 Mid-Year Report (Non-electic Year Only) (MY)	on (d	POST-Elec		General (3	0G)	Ru	noff (30R)	 	Special (30S)
	fficient Look Liberty	Termination Report (TER)	:	neport to	Election on					in the State o	
 5.	Covering	Period O	a ′ c	7 1 2	ŏĭ6	through	ď.	M / B	5 2 o	ĬĞ	· · · · · · · · · · · · · · · · · · ·
The check if different than previously reported. (ACC) 2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲ COO 5 8 6 5 1 3. IS THIS REPORT (N) OR (A) 3. IS THIS REPORT (N) OR (A) 4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: X April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) January 31 Year-End Report (YE) July 31 Mid-Year Report (Non-election Year Only) (MY) Termination Report (YE) July 31 Mid-Year Report (Non-election Year Only) (MY) Termination Report (TER) Termination Report (TER) Termination Report (TER) Termination Report (TER)											
Тур	e or Prin	t Name of Treasure	er	Shann	or H	Dia	L				
Sig	nature of	Treasurer	(5	\mathcal{H}			Date	04/1	\$ ′	2016
	TE: Sub-	ionian of folion arror	and or	incomplete infe	armetian may su	ubicat the a		thio Desc	et to the conditi	aa af E0	1166 6 201

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name Helping never stops america Report Covering the Period: From: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand January 1, (b) Cash on Hand at Beginning of Reporting Period..... 0.0.6 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) Total Disbursements (from Line 31)...... Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) This committee has qualified as a multicandidate committee. (see FEC FORM 1M) For further information contact: Federal Election Commission 999 E Street, NW

Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

2016 - 04 - 10 - 0N: - 00067 MMC

DETAILED SUMMARY PAGE

of Receipts

eipts Page 3

FEC Form 3X (Rev. 02/2003)
Write or Type Committee Name

Report Covering the Period: From:		To: 64 15 2016
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
1. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	Ø	2.0.00
(i) homizod (use oblicadie A)	[
(ii) Unitemized		
(iii) TOTAL (add		
Lines 11(a)(i) and (ii)▶		2000
(b) Political Party Committees	[
(c) Other Political Committees	4	<u> </u>
(such as PACs)(d) Total Contributions (add Lines	L. r. sp. r. ee r. l	<u></u>
11(a)(iii), (b), and (c)) (Carry		
Totals to Line 33, page 5)	0	6
2. Transfers From Affiliated/Other		
Party Committees	6	6
3. All Loans Received		
4. Loan Repayments Received		
5. Offsets To Operating Expenditures		
(Refunds, Rebates, etc.)		, , , , , , , , , , , , , , , , , , , ,
(Carry Totals to Line 37, page 5)		L. r.
6. Refunds of Contributions Made		
to Federal Candidates and Other Political Committees	(A)	A
7. Other Federal Receipts		
(Dividends, Interest, etc.)	D	6
8. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account	[
(from Schedule H3)		\$
(b) Levin Funds (from Schedule H5)	() () () () () () () () () ()	P. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
(c) Total Transfers (add 18(a) and 18(b))		
9. Total Receipts (add Lines 11(d),		
12, 13, 14, 15, 16, 17, and 18(c))▶		<u> </u>
20. Total Federal Receipts		
(subtract Line 18(c) from Line 19)▶	A	0 0 0 0
(000 material) in the 10/	L	Lrange Longe

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	II. Disbursements	COLUMN A	COLUMN B
21.	Operating Expenditures: (a) Allocated Federal/Non-Federal	Total This Period	Calendar Year-to-Date
	Activity (from Schedule H4)	*	
	(i) Federal Share		
	(ii) Non-Federal Share	9	1 9 9 1 1 m 1 5 0 1
	(b) Other Federal Operating Expenditures	4	Q.
	(c) Total Operating Expenditures		[
	(add 21(a)(i), (a)(ii), and (b))▶	6	4
22.	Transfers to Affiliated/Other Party		[
	Committees		
	Federal Candidates/Committees and Other Political Committees		1 1 0 1 1 0 3 1 (b)
24.	Independent Expenditures		
25.	(use Schedule E)		[,,-,-,-,-,-,-,-]
	(52 U.S.C. § 30116(d)) (use Schedule F)		
26.	Loan Repayments Made	1	() () () () () () () () () ()
27. 28.	Loans Made	[
	(a) Individuals/Persons Other Than Political Committees		
	(h) Political Parts Committees		
	(b) Political Party Committees	-	
	(such as PACs)	,,	
	(I) T-1-10 (III II D (III	•	
	(d) Total Contribution Refunds	A	4
	(add Lines 28(a), (b), and (c))▶	$\left[\frac{1}{2} \frac$	
29.	Other Disbursements	r con con do	
30.	Federal Election Activity (52 U.S.C. § 30101(20))	
	(a) Allocated Federal Election Activity		
	(from Schedule H6)		
	(i) Federal Share		
	(ii) "Levin" Share	Ø	\mathcal{O}
	(b) Federal Election Activity Paid Entirely		
	With Federal Funds		, Q
	(c) Total Federal Election Activity (add		
	Lines 30(a)(i), 30(a)(ii) and 30(b))▶		$ \begin{bmatrix} $
31.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))		~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
32	Total Federal Disbursements		
J	(subtract Line 21(a)(ii) and Line 30(a)(ii)		
	from Line 31)	6	

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) III. Net Contributions/

Operating Expenditures

(from Line 11(d), page 3)

(from Line 28(d)).....

(subtract Line 34 from Line 33)

(add Line 21(a)(i) and Line 21(b))▶

(from Line 15, page 3).....

33. Total Contributions (other than loans)

35. Net Contributions (other than loans)

36. Total Federal Operating Expenditures

37. Offsets to Operating Expenditures

38. Net Operating Expenditures

34. Total Contribution Refunds

Page 5 COLUMN A **COLUMN B Total This Period** Calendar Year-to-Date

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE OF (check only one)

11a 11b 11c 12

13 14 15 16 17

14 15 16 17

15 16 17

16 17

17 17 18 19 16 17

NAME OF COMMITTEE (In Full)		
/	ping americ never stops	
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		M B M T / T D T D T / TYTE Y Y Y
City	State Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		ese ingeren noven edo melo el alla manno el comercia Mariasa i saltis in circation de la com
Name of Employer	Occupation	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
Full Name (Last, First, Middle Initial))	Date of Receipt
Mailing Address		M. M. 1 C T T T T T T T T T T T T T T T T T T
City	State Zip Code	Amount of Each Positive Nice Position
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period The Property of the Proper
Name of Employer	Occupation	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
Full Name (Last, First, Middle Initial))	Date of Receipt
Mailing Address		
City	State Zip Code	Amount of Each Receipt this Paried
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period
Name of Employer	Occupation	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼	
SUBTOTAL of Receipts This Page (o	ptional)	
TOTAL This Period (last page this line	e number only)	o della de la fraga de fraga de fraga. Na de la fraga de la fraga de fraga d

2
Ó
6
0
-
3
-
03
000672
5

SCHEDULE B (FEC Form 3X)

SCHEDOLL D (I LO I OHIII SX)	Lies concrete cohedula/=\	FOR LINE NUMBER: PAGE OF					
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check on	·		<u> </u>		
	Detailed Summary Page	216	22 28a	23 28b	24 28c	25 29	26 30b
And information and of the							
Any information copied from such Reports and Staten or for commercial purposes, other than using the name	iems may not be sold or use e and address of any political	al committee	son for the to solicit co	ntributions	soliciting (from such (ontributi committe	1011S 20.
NAME OF COMMITTEE (In Full)						·- <u>-</u>	
	Se haven -	SL					
	sca hever	Sgarv					
Full Name (Last, First, Middle Initial)			Date o	f Disburse	ment		
-		_			ment b] / [y]]	γ , ~ , ~ .	y -
Mailing Address			1				
20.							
City	State Zip Code						
Purpose of Disbursement	T		1				
Can didas - N		Jeografia			Disburseme		
Candidate Name		Category/ Type	ı				
Office Sought: House Disburser	nent For:	, ype	–		~1 <u></u> 21: \÷	-, i **.	run'n ta'r
Senate Sagara	Primary General			lemo Item			
President	Other (specify) ▼						
State: District:	·	 -					
Full Name (Last, First, Middle Initial)			Date o	of Disburse	ment		
			1			y , =	Y
Mailing Address			" M		D 7 Y 3		1
0.1	N-1-		ļ				
City	State Zip Code						
Purpose of Disbursement			1				_
Condidate Name		a Na ara Tara e Manar ¹ 1			Disburseme		
Candidate Name		Category/					!'
Office Sought: House Disburser	nent For:	Туре	1 4.777		_=];;;	· · · · · · · · · · · · · · · · · · ·	
Senate	Primary General		T EN N	lemo Item			
President	Other (specify)						
State: District:							
Full Name (Last, First, Middle Initial) C.			Date -	of Disburse	ment		
- ,					ement	γ	Y
Mailing Address			I .		malaŭ laraŭ.		
	Name						· · ·
City	State Zip Code						
Purpose of Disbursement		gradanija	┥				
			1		Disburseme		
Candidate Name		Category/	r =2.1= j = 12	T-101-FT(T-15)		tt. t j	
Office Sought: House Disburse	ment For:	Туре	1	er e e st eles.	landi e d iredi	£.±*•	·
Senate Disbursel	Primary General		N	femo Item			
President	Other (specify) ▼		11474				
State: District:							
SUBTOTAL of Disbursements This Page (optional)				7-9	175 (17-)	Ø	ΦO
(optional).		>	ģielīt.			(
TOTAL This Period (last page this line number only	······	, >	(. <u> </u>	Ø.	0 B
	·						1

SCHEDULE C (FEC Form 3X) LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE OF
FOR LINE 13 OF FORM 3X

AME OF COMMITTEE (In Full)	
•	never 8 top-5
Helping amoriza	
LOAN SOURCE Full Name (Last, First, Middle Initial)	Memo Item Election:
	General
Mailing Address	Other (specify) ▼
	ZIP Code
Original Amount of Loan Cumulative Paym	ment To Date Balance Outstanding at Close of This Period The Advance of This Period
	and reference of the condition of the property of the condition of the first of the condition of the conditi
TERMS Date Incurred Date	te Due Interest Rate Secured:
Date Incurred Dat	/ FACTOR ALL THE CONTRACTOR CONTR
beneficial become and it is the con-	% (apr) Yes No
List All Endorsers or Guarantors (if any) to Loan Source	
1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount April 10 a ring and any passing at the right as a ring as a ring and a ring as
City State ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount Constituting for the subject of the property of the subject
City State ZIP Code	Guaranteed Outstanding: Service Formula Formul
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount To a series of the least of the series of the serie
City State ZIP Code	Guaranteed Outstanding: It is all the continued of the co
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount ground was a serial season and the season and the serial season and the season and the serial season and the season and the serial season and the
City State ZIP Code	Guaranteed
	Outstanding: Last State Plant State Description 1
UBTOTALS This Period This Page (optional)	F () 24 million of the street
OTALS This Period (last page in this line only)	~ .
arry outstanding balance only to LINE 3, Schedule D, for this	line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C-1 (FEC Form 3X) LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Supplementary for Information found on Page of Schedule (

ederal Election Commission, W				Page of	Schedule C	
IAME OF COMMITTEE (In Full)		FE	C IDENTIFICATIO	N NUMBER	
Hel	ping amers	ca never Sto	PS C	00586	511	
ENDING INSTITUTION (LEND	ER)	Amount of Loan		Interest Rate	(APR)	
ull Name						
		in the interest of the state o				
ailing Address			M M	/ To - / Y	Y Y Y	
		Date Incurred or Establishe	T 1 - 1 - 2 - 2 - 3		ئو شہائی کا	
ty	State Zip Code	Date Due	M ≒ M 	/ D D / Y	Y . Y . Y .	
A. Has loan been restructur	red? No Yes	If yes, date originally incurre		/ ' O O / Y	Y Y Y	
B. If line of credit,		,				
Amount of this Draw:		Polonos	·			
	e. Lietus e. St. S		* = 1	The state of section		
C. Are other parties second	•	urred? must be reported on Schedule C	1			
D. Are any of the following		e loan: real estate, personal	What is th	e value of this colla		
		her similar traditional collateral?		7 -0- 41 -35 - 1.		
No Yes If	yes, specify:	Does the lender have a perfected securit				
			interest in		Yes	
E. Are any future contribution collateral for the loan?	ons or future receipts of int No Yes If yes	· =	7,5 55 57 47	e estimated value?	-, - +	
A depository account mu to 11 CFR 100.82(e)(2)	ust be established pursuant and 100.142(e)(2).					
Date account es	tablished:	Address:			,	
! M M ' / ' D ' !	ο / Υ···Υ··Υ··Υ···Υ···Υ···ΤΥ···-ΤΥ···	City, State, Zip:				
= 15 10 511						
the loan amount, state the	collateral described above ne basis upon which this lo	was pledged for this loan, or if the an was made and the basis on v	e amount pie vhich it assur	eagea aoes not equi res repayment.	al or exceed	
G. COMMITTEE TREASUR	ER		DATE			
Typed Name			M M	/ D D / Y	γ	
Signature					428	
H. Attach a signed copy of	f the loan agreement		<u> </u>		· · · · · ·	
	E LENDING INSTITUTION	:			= .	
To the best of this are accurate as sta	institution's knowledge, the ated above.	terms of the loan and other info	•			
similar extensions	of credit to other borrowers ware of the requirement the	(including interest rate) no more of comparable credit worthiness at a loan must be made on a bat CFR 100.82 and 100.142 in ma	sis which ass	sures repayment, ar		
UTHORIZED REPRESENTATI			DATE			
Typed Name		Tabo	M - M	/ TO = D / Y	· - · · · · · · · · · · · · · · · · · ·	
Signature		Title				

SCHEDULE D (FEC Form 3X) **DEBTS AND OBLIGATIONS**

(Use separate schedule(s) for each

PAGE OF FOR LINE NUMBER: (check only one) 9

KCIU	ding Loans		numbo	ered line)		10
AME	OF COMMITTEE (In Full)		<u> </u>			
	Helping ameri	ca neverstop	S			
A.	Full Name (Last, First, Middle Initial) of Debto			Nature of Debt (Purpose)):	
Ma	ailing Address					
Cit	ry State	Zip Code				
	Outstanding Balance Beginning This Period					
	Amount Incurred This Period	Payment This Period		Outstanding Balance at	t Close of This	Period
			<u></u>			- 11
B.	Full Name (Last, First, Middle Initial) of Debto	r or Creditor		Nature of Debt (Purpose):	
Ma	ailing Address					
Cit	ty State	Zip Code				
\vdash	Outstanding Balance Beginning This Period					
	Amount Incurred This Period	Payment This Period		Outstanding Balance a	t Close of This	Perind
		1 aymon 1 mo 1 choc				
C.	Full Name (Last, First, Middle Initial) of Debt	or or Creditor		Nature of Debt (Purpose		
				V		
Ma	ailing Address					
Cit	ty	State Zip Code				
	Outstanding Balance Beginning This Period		<u></u>			
	1					
	Amount Incurred This Period	Payment This Period		Outstanding Balance a	t Close of This	Period
			Ģ a ⊅			
1) S	SUBTOTALS This Period This Page (optional)		>		"Ø.	
2) T	OTALS This Period (last page this line numbe	r only)			<i>_</i> ,\ <i>Ø</i>	
3) T	OTAL OUTSTANDING LOANS from Schedule	C (last page only)	>		<i>φ</i>	
4) A	ADD 2) and 3) and carry forward to appropriate	line of Summary Page (last page	only) ▶		<i></i>	

. 2016 : 04 : 10 : 0M : 000007M40

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

					FOR	LINE 24 OF	FORM 3X
NAi	ME OF COMMITTEE (In Full)		,		FEC IDENTI	IFICATION N	JMBER ▼
	Helping america he	وردد:	5 tops	>		5865	
Che	eck if 24-hour report 48-hour report New report	rt 🗌 A	mends repo	rt filed	ัพ ⊃ิฑพ ๊, / กุ๋ ò t on		V - V V
T	Full Name of Payee		☐ Memo	Item	Date of Public Distr		
			_		M M / D		
-	Mailing Address				Amount	1	ue teari da
ł	City State 2	Zip Code			TEN YEAR THE		
1					Date of Dishursons		
f	Purpose of Expenditure	Category Type	•		Date of Disburseme	_ (Δ	YYY
ł	Name of Federal Candidate		Support	Office	e Sought: Ho	ouse Distric	ot:
			Oppose		, —		e:
ı	Calendar Year-To-Date		F	Disbu	ursement For:	Primary _	General
1	Per Election for Office Sought		<u> </u>		Other (specify)		
	Full Name of Payee		☐ Memo	Item	Date of Public Dist	<i>O</i> / Y	Υ Υ Υ
	Mailing Address				Amount		
	City State	Zip Code) - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		` /• ≥ - * ₉₅ - ':
	Purpose of Expenditure	Category Typ	•	····	Date of Disbursem	- TY	A _A. \A.
	Name of Federal Candidate	<u> </u>	Support	Office	e Sought: Ho	ouse Distri	ct:
			Oppose		President Se	enate Stat	te:
Ì	Calendar Year-To-Date	; -= 7.	alt proti	+ ==		Primary	General
	Per Election for Office Squaht				Other (specify)	_	
	(a) SUBTOTAL of Itemized Independent Expenditures			·· >	e jango garanga garanga	: 7	1000
,	(b) SUBTOTAL of Unitemized Independent Expenditures		***************************************	·· •	V R. HUNDER	1 1. 1. 7 1 . 1 ±. 2	er n Le L
,	(c) TOTAL Independent Expenditures			·· •	n as an al intopa. Talansa T arih		;
,	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.						
	Signature	-	Date	,; ™ - } :	Grim () I (Grown or I) (Grown or	d ē ri, f v olin v ro, v	y

PAGE

OF

SCHEDULE F (FEC Form 3X) ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)

(To be used only by Political Committees in the General Election) ME OF COMMITTEE (In Full) Method For Never She S In Orack if 24-hour notice Is your committee been designated to make ordinated expenditures by a political party committee? YES No YES, name the designating committee: Full Name of Subordinate Committee Gity State Zip Code Full Name (Last, First, Middle Initial) of Each Payee Memo Item Purpose of Expenditure Category/Type Mailing Address City State Zip Code Full Name of Federal Candidate Supported Office Sought: Senate District: Amount Aggregate General Election Expenditure for this Candidate Presidential Full Name (Last, First, Middle Initial) of Each Payee Memo Item Purpose of Expenditure Full Name (Last, First, Middle Initial) of Each Payee Memo Item Purpose of Expenditure Category/Type Date Category/Type Date Category/Type Date Category/Type Date Category/Type Date Category/Type Date Category/Type Date Category/Type Mailing Address District: Amount Aggregate General Election Senate District: Amount Amount Aggregate General Election Senate District: Amount Amount Aggregate General Election Senate District: Amount Amount	BEHALF OF CANDIDATES	PAGE	OF						
## Purpose of Expenditure State Special State	(To I								
Autor Auto	ME OF COMMITTEE (In Full)						k if		
Syour committee been designated to make ridnaled expenditures by a political party committee? YES NO NO Mailing Address City State ZIP Code	Helping Am	erte no	ve	-SteP3			i '		
Name of Federal Candidate Supported Office Sought: House Sanate Purpose of Expenditure Category Type Category State Zip Code Category Catego	<u> </u>				dinate Committee		I		
ES, name the designating committee: Mailing Address City State Zip Code		committee?							
City State ZIP Code Memo Item			NA =:	inn Addung					
Full Name (Last, First, Middle Initial) of Each Payee Memo Item Purpose of Expenditure	ES, name the designating committee:		мап	ing Address					
Mailing Address City State Zip Code Name of Federal Candidate Supported Office Sought: Presidential Aggregate General Election Expenditure for this Candidate Purpose of Expenditure Category Category Amount Amount Amount Category Amount Amount Category Categ			City			Sta	te ZIP C	ode	
Mailing Address City State Zip Code Name of Federal Candidate Supported Office Sought: Presidential Aggregate General Election Expenditure for this Candidate Full Name (Last, First, Middle Initial) of Each Payee City State Zip Code Memo Item Purpose of Expenditure Category Categor									
Category: Category: Type	Full Name (Last, First, Middle Initial) of	Each Payee			☐ Memo Item	Purpose of Expe	enditure		
Mailing Address City State Zip Code Name of Federal Candidate Supported Office Sought: Presidential Aggregate General Election Expenditure for this Candidate Supported Office Sought: Full Name (Last, First, Middle Initial) of Each Payee City State Zip Code Date Amount Category, Type Date Amount Category Type Date District: Presidential Presidential Amount Category Type Date Amount Category Type Date Amount Category Type Date Amount Category Type Date Amount Category Type Date Amount Amount Amount Amount Amount Category Type Date Amount Amount Amount Category Type Date Amount Amount Amount Category Type Date Amount Amount									
City State Zip Code Name of Federal Candidate Supported Office Sought: Senate Senate District:	Mailing Address				- " -				
Name of Federal Candidate Supported Office Sought: Senate Presidential District: Amount Separate Presidential District: Amount Separate Presidential District: Amount Separate Presidential Purpose of Expenditure Purpose of Expenditure Separate District: Amount Separate District: District: District: Amount Separate District: Amount Separate District:	Mailing Address					Date		1,750	
Name of Federal Candidate Supported Office Sought: Senate District: Senat	City	State		Zip Code		'™'. / ∷`	י איי איי איי איי איי איי	Y T · Y · · · · · · · · · · · · · · · ·	
Name of Federal Candidate Supported Office Sought: Senate District: Amount Senate District: Amount Purpose of Expenditure Purpose of Ex							-r-, -, '	· · ·	
Aggregate General Election Expenditure for this Candidate ▶ Full Name (Last, First, Middle Initial) of Each Payee	Name of Federal Candidate Supported	Office Sough	nt: _	⊣ I		Amount			
Aggregate General Election Expenditure for this Candidate ▶ Full Name (Last, First, Middle Initial) of Each Payee			-			ruseju vijenos			
Aggregate General Election Expenditure for this Candidate Category Type		<u> </u>		<u> </u>		- F - S 9.	.="leter to be the file."		
Full Name (Last, First, Middle Initial) of Each Payee					i i				
Mailing Address City State Zip Code Name of Federal Candidate Supported Office Sought: Senate District: Senate Presidential Presidential District: Category Type Aggregate General Election Expenditure for this Candidate ▶, ,		- · · · . 1 . · · .			.: 				
Mailing Address City State Zip Code Name of Federal Candidate Supported Office Sought: Senate Presidential Presidential Purpose of Expenditure Aggregate General Election Expenditure for this Candidate ▶ Name (Last, First, Middle Initial) of Each Payee Memo Item Mailing Address City State Zip Code Name of Federal Candidate Supported Office Sought: House Senate Presidential Senate District: Amount Aggregate General Election Expenditure Senate District: Amount State: Amount Amount Category Type Date Amount Amount Aggregate General Election Expenditure for this Candidate ▶ Aggregate General Election Expenditure for this Candidate ▶ Aggregate General Election Expenditure for this Candidate ▶	Full Name (Last, First, Middle Initial) of	Each Payee			☐ Memo Item	Purpose of Expo	enditure		
Mailing Address City State Zip Code Name of Federal Candidate Supported Office Sought: Senate Presidential Presidential District: Dis								A granter	
City State Zip Code Name of Federal Candidate Supported Office Sought: Senate Senate Presidential District: Presidential Purpose of Expenditure Full Name (Last, First, Middle Initial) of Each Payee Memo Item Category, Type Mailing Address City State Zip Code Name of Federal Candidate Supported Office Sought: Senate Presidential District: Amount Aggregate General Election Senate District: Amount Category, Type Date Name of Federal Candidate Supported Office Sought: Senate Presidential District: Presidential District: Name of Federal Election Expenditure for this Candidate Aggregate General Election Expenditures This Page (optional)	Mailing Address								
Name of Federal Candidate Supported Office Sought: Senate District: District: District: Amount Aggregate General Election Expenditure for this Candidate ▶ Full Name (Last, First, Middle Initial) of Each Payee						Date			
Name of Federal Candidate Supported Office Sought: Senate Senate Presidential Pres	City	State		Zip Code		E METHATI, Z €	D / Y	Y _ Δ. Δ. A.	
Aggregate General Election Expenditure for this Candidate , , , Full Name (Last, First, Middle Initial) of Each Payee	Name of Endoral Candidate Supported	0111	l	l maria		11 11 11	<u>, ' </u>	- 5 1	
Aggregate General Election Expenditure for this Candidate Full Name (Last, First, Middle Initial) of Each Payee	Name of Federal Candidate Supported	Office Sough	nt:	⊣ I					
Aggregate General Election Expenditure for this Candidate ▶ , , Full Name (Last, First, Middle Initial) of Each Payee			┝	⊣ 1	District.				
Full Name (Last, First, Middle Initial) of Each Payee	Aggregate General Flortion		,		=	→ →·· ७ .	outon ustra to	m Dar for file a	
Full Name (Last, First, Middle Initial) of Each Payee	Europelitura for this Condidate	6 /9		. 1 9					
Mailing Address City State Zip Code Name of Federal Candidate Supported Office Sought: House State: District: Presidential Presidential Presidential House District: House District: District: District: House District: District: Presidential Presidential District: Di								· · · · · · · · · · · · · · · · · · ·	
Mailing Address City State Zip Code Name of Federal Candidate Supported Office Sought: Senate Presidential Aggregate General Election Expenditure for this Candidate District: Presidential District: Presidential	Full Name (Last, First, Middle Initial) of	Each Payee				Purpose of Exp	enaiture		
Mailing Address City State Zip Code Name of Federal Candidate Supported Office Sought: Senate Presidential Aggregate General Election Expenditure for this Candidate District: Presidential District: Presidential								Category	
City State Zip Code M M M / D D / Y Y Y Y Name of Federal Candidate Supported Office Sought: House Senate District: Presidential Presidential Presidential District: Presidential Dist	Mailing Address	-							
Name of Federal Candidate Supported Office Sought: House Senate District: Amount Aggregate General Election Expenditure for this Candidate District: Amount Presidential						4			
Name of Federal Candidate Supported Office Sought: House Senate District: Presidential President	City	State		Zip Code		M M /	D - D / Y	Y . Y . Y	
Aggregate General Election Expenditure for this Candidate District: Presidential District: Presidential	Name of Federal Candidate Supported	Office Ser-	ht. I	House	State	er med 1	· Tall — erlight	·· <u>·</u>	
Aggregate General Election Expenditure for this Candidate DBTOTAL of Expenditures This Page (optional)	Tame of Capital Canadado Capporto	Onice Sough	'''. -	ط ا		Amount			
Aggregate General Election Expenditure for this Candidate ▶ JBTOTAL of Expenditures This Page (optional)						, - y ·	· · · ·	•	
Expenditure for this Candidate ► DBTOTAL of Expenditures This Page (optional)	Aggregate General Election			transport	:	ilia 💯	et eeste 1 71 0 D.	***** <u>-</u>	
JBTOTAL of Expenditures This Page (optional)	Evpanditure for this Condidate	eri er er er er er er er					•		
JBTOTAL of Expenditures This Page (optional)		·		-		<u> </u>			
	IRTOTAL of Evpenditures This Page (or	tional)				,	t ngaratan ji	, T., N.T.	
	DIGIAL OF Experiorates This rage (of				·····] 12 <u></u>	
OTAL This Period (last page this line number only)	OTAL This Period (last page this line nur	nber only)				, page	u nu unuunnu tu	•	

SCHEDULE H1 (FEC Form 3X)

METHOD OF ALLOCATION FOR:

- ALLOCATED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS
- ALLOCATED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES (State, District and Local Party Committees Only)
- ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE) (Separate Segregated Funds And Nonconnected Committees Only)

NAME OF COMMITTEE (In Fuil)			
USE ONLY ONE SECTION, A or B			
A. State and Local Party Committees			
Fixed Percentage (select one)			
Presidential-Only Election Year (28% Federal)			
Presidential and Senate Election Year (36% Federal)			
Senate-Only Election Year (21% Federal)			
Non-Presidential and Non-Senate Election Year (15% Federal)			
B. Separate Segregated Funds and Nonconnected Committees Flat Minimum Federal Percentage			
If the committee will allocate using the flat minimum percentage of 50% federal funds, check or			
If the committee is spending more than 50% federal funds, indicate ratio below			
Federal%			
Nonfederal%			
This ratio applies to (check all that apply):			
Administrative Generic Voter Drive Public Communications Referencing Party Only			

SCHEDULE H2 (FEC Form 3X)

ALLOCATION RATIOS		PAGE OF
NAME OF COMMITTEE (In Full)		
Helping America never	Staps	
RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATACTIVITIES APPEARING ON THIS REPORT.	3	*
Methods of allocation:		
 FUNDRAISING activities are allocated using the "funds received mether expenses must equal the federal proportion of monies raised. 	nod" where the federal pro	pportion of
II. Shared DIRECT CANDIDATE SUPPORT activities are allocated acco where the federal proportion of disbursements is based on the benefi tivity. For PACs Only: Direct candidate support includes public comm federal and nonfederal candidates, regardless of whether there is a re are allocated using a time/space method.	t derived by federal candi nunications or voter drives	dates from the ac- that refer to both
ACTIVITY OR EVENT IDENTIFIER ,	FEDERAL %	NONFEDERAL %
ACTIVITY IS:		
Fundraising Direct Candidate Support CHECK IF THE RATIO IS:	- %	%
New Revised Same as Previously Reported	·	
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
ACTIVITY IS:		±
Fundraising Direct Candidate Support	·-· %	- %
New Revised Same as Previously Reported		
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
ACTIVITY IS:		
Fundraising Direct Candidate Support CHECK IF THE RATIO IS:	- %	,
New Revised Same as Previously Reported		
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
ACTIVITY IS:	٠٠,	•
Fundraising Direct Candidate Support CHECK IF THE RATIO IS:	- %	·
New Revised Same as Previously Reported		
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
ACTIVITY IS:		
Fundraising Direct Candidate Support	- %	%
CHECK IF THE RATIO IS: New Revised Same as Previously Reported		
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
ACTIVITY IS:		
Fundraising Direct Candidate Support CHECK IF THE RATIO IS:	%	· · · · · · · · · · · · · · · · · · ·
New Revised Same as Previously Reported		

SCHEDULE H3 (FEC Form 3X) TRANSFERS FROM NONFEDERAL ACCOUNTS FOR ALLOCATED FEDERAL / NONFEDERAL ACTIVITY

PAGE	(OF	1	
FOR LI	NE 1	8a OF	FORM	зх

IAME C	OF COMMITTEE (In Full)			_	
	Helping	America	neucr St	د 62	
NAM	E OF ACCOUNT	DATE OF RECEIP	r	TOTAL AMOU	NT TRANSFERRED
			/ [********		
BRE	AKDOWN OF TRANSFER RECEIVE	D .		[· · · · · · · · · · · · · · · · · · ·
i)	Total Administrative				-7 <u>-7</u> -775-21
					V-V-V-V-V
ii)	Generic Voter Drive				r spanner
l iii)	Exempt Activities				
	•				<u></u>
",	Direct Fundraising (List Activity or E	vent identiner)			
	a)				
				J a	
ļ	b)				
		•		14	
	c) Total Amount Transferred For Direct	ct Fundraising		[#
(v)	Direct Candidate Support (List Activ	ity or Event Identifier)			
	۵۱	il .	<u></u>		
	a)				.*
	b)	į			
					~~~~~~~
	c) Total Amount Transferred For Direct	ct Candidate Support			<u> </u>
, vi)	Public Communications Referring (	Only to Barby (Made by BAC	·\		V
1 4"			·	Armine and the second s	
		TALS FOR BREAKDOWN OF	F THANSFER RECEIVED	) 	1
TOTAL	This Period (Administrative)			Per	
		·			· 
TOTAL	This Period (Generic Voter Drive)				
TOTAL	This Period (Exempt Activities)			th.	
TOTAL	This Fellod (Exempt Activities)				
TOTAL	This Period (Direct Fundraising)			<u></u>	Ø
					V-V-V-V
TOTAL	This Period (Direct Candidate Support	t)		·	
T074:	This Dealed (Doblite Octoor short)	Defendan Only to Do ( )		<del>,</del>	6
IOTAL	This Period (Public Communications F	referring Unly to Party)			
TOTAL	This Period (Total Amount Transferred	l)			

# 20-6:04:18:05:00067.845

### SCHEDULE H4 (FEC Form 3X)

## DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

PAGE		OF	
ŀ	ŧ	(	
FOR I	LINE	21a OF	FORM 3X

NA	ME OF COMMITTEE (In Full)  Helptha America new	100 51.1	25
			Allocated Activity or Event:
Α.	Full Name (Last, First, Middle Initial)	☐ Memo Item	Administrative Fundraising Exempt
	Mailing Address		Voter Drive Direct Candidate Support
	City State Zip Code		Public Comm (ref to party only) by PAC
	Purpose of Disbursement:	13 - CL 4-TYT 14	Allocated Activity or Event Year-To-Date
	Activity or Event Identifier:	10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	. On the state of
		Category/ Type	Date
	FEDERAL SHARE + NONFEDERAL	SHARE	= TOTAL AMOUNT
			and the stage of t
	- 10 m 15 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m	and the second	and the or Gedrich in the
В.	Full Name (Last, First, Middle Initial)	☐ Memo Item	Allocated Activity or Event:
	Mailing Address		Administrative Fundraising Exempt  Voter Drive Direct Candidate Support
	City State Zip Code		
	City State Zip Code		Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date
	Purpose of Disbursement:		
	Activity or Event Identifier:		Common tribus Plant to Comp Plant to the Comp Pl
		Category/ Type	Date
	FEDERAL SHARE + NONFEDERAL	SHARE	= TOTAL AMOUNT
	्राप्ता त्रास्त्र प्राप्ता वर्षेत्र प्रस्ति । स्रोत्तर संस्वासीय स्ट्रीपतार्थः । विस्तर प्राप्तानार स्वापीय सम्प्रीय		
			and the first term of the company of
C.	Full Name (Last, First, Middle Initial)		Allocated Activity or Event:  Administrative Fundraising Exempt
	Mailing Address		Voter Drive Direct Candidate Support
	City State Zip Code		Public Comm (ref to party only) by PAC
	Purpose of Disbursement:	<del> </del>	Allocated Activity or Event Year-To-Date
	ruipose oi Dispuisement.		Service State of the service of the
	Activity or Event Identifier:	Category/	W. W. / O O O Y Y Y Y
		Type	Date Land Control
	FEDERAL SHARE + NONFEDERAL	SHARE	= TOTAL AMOUNT
	The contribution of the co		
	en en de la companya del companya de la companya del companya de la companya de l		il de redetteleseresten et dr.
SI	JBTOTAL of Allocated Federal and NonFederal Activity This Page		
	FEDERAL SHARE + NONFEDERAL		= TOTAL AMOUNT
	n de la companya de l La companya de la co		
T	OTAL This Period (last page for each line only)(Federal share to 21(a)(i) an	d NonFederal sh	are to 21(a)(ii))
	FEDERAL SHARE NONFEDERAL		TOTAL AMOUNT
	i 🚜 (1997) i 1918 i 1919 i 19	. 4 1. 12 1 -	u de desentación de la composición del composición de la composici

### SCHEDULE H5 (FEC Form 3X)

## TRANSFERS OF LEVIN FUNDS RECEIVED FOR ALLOCATED FEDERAL ELECTION ACTIVITY

(To be used by State, District and Local Party Committees Only)

PAGE	OF (	
FOR IIN	F 18b OF FORM	3X

NAME OF COMM				
Helping Amarica never Stops				
NAME OF ACC		DATE OF RECEIPT		TOTAL AMOUNT TRANSFERRED
		/ C		
BREAKDOWN	I OF THIS TRANSFER		•	
i) Vo	oter Registration		VOTER REGISTRA	ATION
	otal Amount Transferred for Voter I	Registration		
		- 11/		OTER ID .
1	oter ID otal Amount Transferred for Voter I	ID		7
iii) G	OTV			GOTV
•	otal Amount Transferred for GOTV			
				GENERIC CAMPAIGN ACTIVITY
1	eneric Campaign Activity	io Compoian Activity		
10	otal Amount Transferred for Generi	ic Campaign Activity	<u>L</u>	1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
NAME OF ACC	COUNT	DATE OF RECEIPT		TOTAL AMOUNT TRANSFERRED
		[M~M] / [D~D] /	[AAAAAA]	
BREAKDOWN	OF THIS TRANSFER		i	
	oter Registration		VOTER REGISTR	
1	otal Amount Transferred for Voter	Registration		<u></u>
				OTER ID
1	oter ID		1	
T-	otal Amount Transferred for Voter	ID		<u></u>
iii) G	VTO			GOTV
Т	otal Amount Transferred for GOTV	<b>,</b>		<u> </u>
	Annual Community Antists			GENERIC CAMPAIGN ACTIVITY
1	Generic Campaign Activity  Total Amount Transferred for Gener	ic Campaign Activity		· · · · · · · · · · · · · · · · · · ·
	otal Amount Transferred for Gener			
	TOTALS FOR BRE	EAKDOWN OF TRANSF	ER RECEIVED (La	ast Page Only)
TOTAL 1	This Period (Voter Registration)			
TOTAL 1	This Period (Voter ID)			
TOTAL 7	This Period (GOTV)			
TOTAL T	This Period (Generic Campaign Ac	ctivity)		
TOTAL T	This Period (Total Amount of Trans	sfers Received)		

# 2016 - 04 - 18 - 0M - 00067 M47

# SCHEDULE H6 (FEC Form 3X) DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS FOR ALLOCATED FEDERAL ELECTION ACTIVITY

(To be used by State, District and Local Party Committees Only)

PAGE 7 OF (

IAME OF COMMITTEE (In Full)	_
Helping America never s	5 top5
A. Full Name (Last, First, Middle Initial) / Full Organization Name	no Item Type of Allocated Activity or Event:
'	Voter Registration GOTV Voter ID Generic Campaign
	Voter 15 Generio Gampaigni
Mailing Address	Allocated Activity or Event Year-To-Date
City Code	
City State Zip Code	
Purpose of Disbursement  Category Tyr	
FEDERAL SHARE + LEVIN SHARE	= TOTAL AMOUNT
B. Full Name (Last, First, Middle Initial) / Full Organization Name	
	Voter Registration GOTV Voter ID Generic Campaign
Mailing Address	Allocated Activity or Event Year-To-Date
City State Zip Code	
Purpose of Disbursement Cate Tyl	
FEDERAL SHARE + LEVIN SHARE	= TOTAL AMOUNT
C. Full Name (Last, First, Middle Initial) / Full Organization Name	I
	Voter Registration GOTV Voter ID Generic Campaign
Mailing Address	Allocated Activity or Event Year-To-Date
Mailing Address	
City State Zip Code	
	11 <b>I</b>
	gory/ Date/////
[ Cate	gory/ Date
Ty	gory/ pe Date
FEDERAL SHARE + LEVIN SHARE	gory/ pe Date
FEDERAL SHARE + LEVIN SHARE	gory/ pe Date
FEDERAL SHARE + LEVIN SHARE  SUBTOTAL of Shared Federal and Levin Activity This Page  FEDERAL SHARE + LEVIN SHARE	gory/ pe  = TOTAL AMOUNT  = TOTAL AMOUNT
FEDERAL SHARE + LEVIN SHARE  SUBTOTAL of Shared Federal and Levin Activity This Page	gory/ pe  = TOTAL AMOUNT  = TOTAL AMOUNT
FEDERAL SHARE + LEVIN SHARE  SUBTOTAL of Shared Federal and Levin Activity This Page  FEDERAL SHARE + LEVIN SHARE	ggory/ pe = TOTAL AMOUNT  = TOTAL AMOUNT
FEDERAL SHARE + LEVIN SHARE  SUBTOTAL of Shared Federal and Levin Activity This Page  FEDERAL SHARE + LEVIN SHARE  TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin states of the second states of the secon	ggory/ pe = TOTAL AMOUNT  = TOTAL AMOUNT  TOTAL AMOUNT  TOTAL AMOUNT
FEDERAL SHARE + LEVIN SHARE  SUBTOTAL of Shared Federal and Levin Activity This Page  FEDERAL SHARE + LEVIN SHARE  TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin states.	ggory/ pe = TOTAL AMOUNT  = TOTAL AMOUNT  TOTAL AMOUNT  share to 30(a)(ii))
FEDERAL SHARE + LEVIN SHARE  SUBTOTAL of Shared Federal and Levin Activity This Page  FEDERAL SHARE + LEVIN SHARE  TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin services.  FEDERAL SHARE	ggory/ pe = TOTAL AMOUNT  = TOTAL AMOUNT  TOTAL AMOUNT  TOTAL AMOUNT

### SCHEDULE L (FEC Form 3X)

**AGGREGATION PAGE: LEVIN FUNDS** 

NAM	VAME OF COMMITTEE (In Full)  Helping america never Stops						
NAM	NAME OF ACCOUNT						
		COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE				
1.	RECEIPTS FROM PERSONS  (a) Itemized						
	(b) Unitemized						
	(c) Total						
2.	OTHER RECEIPTS						
3.	TOTAL RECEIPTS(Add Lines 1c and 2)						
4.	TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B)						
	(a) Voter Registration						
	(b) Voter ID						
	(c) GOTV						
	(d) Generic Campaign						
5.	(e) Total OTHER DISBURSEMENTS	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~					
5. 6.	TOTAL DISBURSEMENTS						
	(Add Lines 4e and 5)						
7.	BEGINNING CASH ON HAND(for Column B, use cash as of January 1st)						
8.	RECEIPTS(from Line 3)						
9.	SUBTOTAL(Add Lines 7 and 8)						
10.	DISBURSEMENTS(From Line 6)						
11.	ENDING CASH ON HAND(Subtract Line 10 From Line 9)						

# 2016 : 04 : 18 : 08 : 0006/M49

## SCHEDULE L-A (FEC Form 3X) ITEMIZED RECEIPTS OF LEVIN FUNDS

Use separate schedule(s) for each category of the Aggregation Page

FOR LINE NUMBER: (check only one)

____1a _____2

OF

PAGE

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Staps america never Full Name (Last, First, Middle Initial) / Full Organization Name ☐ Memo Item Date of Receipt Mailing Address Amount of Each Receipt this Period City State Zip Code Name of Employer or Principal Place of Business Aggregate Year-to-Date Occupation Full Name (Last, First, Middle Initial) / Full Organization Name Date of Receipt ☐ Memo Item В. Mailing Address Amount of Each Receipt this Period City State Zip Code Name of Employer or Principal Place of Business Aggregate Year-to-Date Occupation Full Name (Last, First, Middle Initial) / Full Organization Name Date of Receipt ☐ Memo Item C. D_0_0_ Mailing Address Amount of Each Receipt this Period City Zip Code State Name of Employer or Principal Place of Business Aggregate Year-to-Date Occupation Full Name (Last, First, Middle Initial) / Full Organization Name ☐ Memo Item Date of Receipt D. Mailing Address Amount of Each Receipt this Period City State Zip Code Name of Employer or Principal Place of Business Aggregate Year-to-Date Occupation SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

õ
Ō
7
Ē
~
_
-
1
21
-
-20
7
8
Ω.
U
_
_
Ų.
7
7
_
U
Ö
ë.
U.
7
<b>1</b>
7
1
-
15,
NO.
la.
Õ

# SCHEDULE L-B (FEC Form 3X) ITEMIZED DISBURSEMENTS OF LEVIN FUNDS

Use separate schedule(s) for each category of the Aggregation Page

FOR LINE NUMBER:	PAGE	1	OF J
(check only one)		_	<u> </u>
i	4a	_  4c	5
	4b _	4d	

OF LEVIN FUNDS	Aggregation 1 ago	4b4d
Any information copied from such Reports and Statements may no or for commercial purposes, other than using the name and address		
NAME OF COMMITTEE (In Full)  Helping america h	ever Stop5	
Full Name (Last, First, Middle Initial) / Full Organization Name  A.  Mailing Address		Date of Disbursement
City State  Purpose of Disbursement	Zip Code	Amount of Each Disbursement this Period
Full Name (Last, First, Middle Initial) / Full Organization Name  Mailing Address	☐ Memo Item	Date of Disbursement
City State  Purpose of Disbursement	Zip Code	Amount of Each Disbursement this Period
Full Name (Last, First, Middle Initial) / Full Organization Name  C.  Mailing Address	☐ Memo Item	Date of Disbursement
City State  Purpose of Disbursement	Zip Code	Amount of Each Disbursement this Period
Full Name (Last, First, Middle Initial) / Full Organization Name  D.	☐ Memo Item	Date of Disbursement
Mailing Address  City State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement  Full Name (Last, First, Middle Initial) / Full Organization Name	☐ Memo Item	ili - Lung bergitus 9 k almosti us 900 almosti ti 19 bertinde
Mailing Address		Date of Disbursement
City State  Purpose of Disbursement	Zip Code	Amount of Each Disbursement this Period
SUBTOTAL of Disbursements This Page (optional)  TOTAL This Period (last page this line number only)	<u> </u>	
- "	•	

USED INTERNATIONALLY
JSTOMS DECLARATION
EL MAY BE REQUIRED.

* Domestic only

PICKUP AVAILABLE

INSURANCE INCLUDED *

DATE OF DELIVERY SPECIFIED

USPS TRACKINGTM INCLUDED*

DATE OF DELIVERY SPECIFIED*

RIORITY *

FIRMLY TO SEAL

PRESS FIRMLY TO SEAL

OSTAGE REQUIRED

7

UNITED STATES
POSTAL SERVICE &

Click-N-Ship®

P

usps.com \$6.45 9405 8036 9930 0230 2205 68 0064 5000 0022 0463 US POSTAGE

US POSTAGE Flat Rate Env



04/15/2016

Mailed from 19904

062S0000000313

### PRIORITY MAIL 2-DAY™

SHANNON H DIAZ 1300 S FARMVIEW DR APT A29 DOVER DE 19904-7720

Expected Delivery Date: 04/18/16

0025

C000

SHIP TO:

> FEDERAL ELECTION COMISSION 999 E ST NW WASHINGTON DC 20463-0001

> > **USPS TRACKING #**



9405 8036 9930 0230 2205 68

Electronic Rate Approved #038555749

## Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received. Date of Receipt Hand Delivered Postmarked Date of Receipt **USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified Postmarked USPS Priority Mail Postmarked **USPS Priority Mail Express** Postmark Illegible No Postmark **Shipping Date** Overnight Delivery Service (Specify): Next Business Day Delivery Date of Receipt Received from House Records & Registration Office Date of Receipt Received from Senate Public Records Office Date of Receipt Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify):

(3/2015)